From Feldshers to Force Health Protection: A History of Navy Physician Associates

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"One day while I was in the Fallujah Surgical Company, I looked up at the duty provider board to see the name of an ensign listed," related Cmdr. Mike Evans, who serves as the Branch Head for Family Readiness, Educational and Developmental Intervention Services at the U.S. Navy Bureau of Medicine and Surgery (BUMED). "It took me a minute to make sense of that since all the physicians were at least a lieutenant, and then it dawned on me that this officer must be a physician assistant."

Evans, then serving as a Special Amphibious Reconnaissance Independent Duty Corpsman, struck up a conversation with the ensign and would go on to apply for the physician assistant (PA) program. "I put together the application, got an officer interview appraisal board done in Iraq, and sent in the application. That November, while I was in the Senior Enlisted Academy enroute to the Marine Forces Special Operations Command (MARSOC) as the medical senior enlisted leader, I saw the NAVADMIN [naval administrative message] with my name on the selection list. With that, the first act of my Navy story was ending and another was starting."

Evans transitioned from an enlisted Senior Chief Hospital Corpsman to a PA via the Medical Service Corps In-Service Procurement Program (MSC-IPP). From there, his career scaled extraordinary heights: he deployed with a top-tier special mission unit, served in the White House Medical Unit, as officer-in charge of multiple branch clinics, director for Branch Clinics at a Navy Medicine Readiness and Training Command Quantico, Virginia, and as executive officer of a Naval Support Activity.

Today, Evans is part of a physician assistant (soon to be known as the physician associate) community which is the largest clinical specialty and the second-largest overall specialty in the U.S. Navy Medical Service Corps. But where did this specialty originate, and how did it evolve into the fully integrated and indispensable force it is today?

Historical Roots of Physician Associates

During the Russo-Japanese War of 1904-1905, BUMED dispatched Surgeons William Braisted and Raymond Spear to observe the medical practices of the Japanese and Russian militaries. While embedded with the Russian Navy, Spear noted with interest of the use of "feldshers" aboard warships and in providing frontline care.

Originating in the fifteenth century from the German word for "field shearer" (another name for the fabled barber-surgeon). For centuries, the feldsher held a unique status as a "middle-tier medical worker" existing somewhere between physician and nurse. In the Imperial Russian military, the feldshers were indispensable medical providers attending to wounds, setting fractures, and treating a host of ailments. Although this may seem anecdotal for the purpose of this article, medical historians have looked at the feldsher as the proto-PA.

When Spear released his report in 1906, hospital stewards (senior hospital corpsmen pre-1916) were the closest the U.S. Navy came to having their own feldshers. Over the ensuing decades BUMED began elevating the roles of select corpsmen through new training programs, specialization ("C" Schools) and designated them for independent duty.

The concept of advanced corpsmen working in conjunction with physicians to provide clinical care later inspired Dr. Charles Hudson, president of the American Medical Association, to propose the establishment of a non-physician clinical support specialty to "help alleviate a growing disparity between supply and demand for health care services."

As Hudson was planting the seeds of a PA specialty in 1961, Duke University physician and researcher Dr. Eugene Stead had already personally witnessed non-physician clinical support put into practice with great success. At a rural medical office in Eastern North Carolina, Dr. Amos Johnson worked with a proprietary trained assistant named Mr. Henry Lee "Buddy" Treadwell in providing care to the local community. Recognizing the benefits of training non-physician professionals like Treadwell, Stead established a two-year PA training program at Duke University, which was the first of its kind. It may be of no surprise that the first class was comprised of four former Navy hospital corpsmen—Ken Ferrell, Vic Germino, Don Guffey and Dick Scheele—three of whom would become the nation's first certified PAs when they graduated in 1967 (Guffey left the program before graduating).

During the waning years of the Vietnam War, as the obligations of the Berry Planners (physicians drafted into service) ended, and the outpatient-to-doctor ratio increased, the Navy began exploring new ways to address its own physician shortage. In 1971, BUMED initiated a program to train hospital corpsmen to become PAs. Ultimately, these prospective PAs were to act as "physician extenders" helping to ensure that the Navy could deliver healthcare "at a level equal to or not severely denigrating from the level existing during the draft."

In 1972, the Navy selected 30 hospital corpsmen—12 for a Navy program and 18 for an academic program at The George Washington (GW) University. The following year BUMED merged its in-house training program with the Air Force (Joint-Program) and sent 12 students to the School of Health Sciences at Sheppard Air Force Base in Texas. The prospective Navy PAs going through Sheppard were now required to complete one year of didactic training and one year of clinical training at service hospitals. The Joint-Program was accredited by the University of Nebraska Medical School and graduates were awarded bachelor's degrees.

Thirty students graduated in 1974 from the two programs (12 from the Joint-Program and 18 from the GW program) becoming the first Navy PAs. Remarkably, by November 1975, the number of certified PAs in the Navy had grown to 222.

All was not smooth sailing for the Navy PA program in those early days though. Throughout the 1970s and 1980s, Navy PAs contended with issues relating to utilization, status and relevance.

Through Heavy Weather and Fair Winds, 1975-1999

By 1975, Navy PAs were playing vital roles at hospitals and clinics across Navy Medicine. Vice Adm. Donald Custis, a strong proponent of the program throughout his time as Surgeon General (1973-1976), noted that PAs "proved their worth in extending the effectiveness of the scarce primary care physician."

Despite support from the Navy's top physician, others in the Navy Medical Department saw PAs as a "temporary solution" to the post-Vietnam physician shortage. And for some in the budgetary realm the in-service physician assistant training programs were deemed "not cost effective." This thinking was shaped in part by the belief that many military PAs left the service for the civilian sector soon after graduation.

In November 1975, Program Budget Decision (PBD) 120 directed the end of the military PA training programs. The last Navy PA students graduated from Sheppard Air Force Base in 1976, and all training billets were cancelled thereafter. The Navy expanded its PA ranks solely through civilian recruitment until 1979, when BUMED reinstituted an in-service training program. New applicants (E-5 to E-9) agreed to 54 months of obligated service. The first class commenced at the Naval Regional Medical Center Portsmouth in April 1979, followed by a second class at the Naval Regional Medical Center San Diego in mid-summer.

Graduates of the new programs were qualified to diagnose, treat illnesses, perform minor surgery, order and interpret laboratory tests and x-rays and prescribe drugs. In 1979, BUMED also began assigning PAs to aircraft

carriers on what was termed an “experimental basis.” Navy PAs were still wholly limited to clinical settings and were not yet permitted to serve with or deploy with other operational units.

Although PAs were a welcome addition for most, they had their share of detractors in the early 1980s, notably the Navy’s new Surgeon General in 1983, Vice Adm. Lew Seaton. For Seaton, PAs were an “impermanent solution” conceived in the waning years of Vietnam to address the loss of Berry Planners. With a physician shortage no longer a significant problem, Seaton sought to dismantle the program. He commissioned an Office of the Chief of Naval Operations, Medical Resources, Plans and Policy Division (OPNAV-931) study on Nov. 1, 1984, on the viability of phasing out the program. He used the findings to recommend the discontinuation of the program (beginning in August 1985) and explore converting PA billets to physician billets.

There were problems with doing this. Since 1974, PAs served as warrant officers and their grades chief warrant officer 1 (CWO 1) to chief warrant officer 4 (CWO 4) did not equal physician billets 0-3 to 0-6. Second, the decision was made without consulting the Secretary of the Navy or considering the impact on Navy policy.

Retired Cmdr. Steven Galeski, served as a physician assistant at the Naval Branch Clinic, Kaneohe, Hawaii when these changes were taking place. He was unaware that the program was under fire until Vice. Adm. Seaton visited the clinic in 1984 and met with the staff. Galeski, a former Fleet Marine Force (FMF) hospital corpsman, asked Seaton if PAs would be permitted to serve with Marines in the future.

“I was the first one to ask a question, and a lot of my fellow PAs from the clinic were there,” remembered Galeski. “To my dismay he said, ‘I do not like the PA concept and I have taken steps to close the training program and do away with all the PAs in the Navy.’ He took no further questions, and then he left the stage.” Seaton’s decision proved unpopular, especially those who saw the loss of PAs as affecting the care given to retirees. In March 1985, the Advisory Committee on Retired Personnel (ACRP) expressed concern over the potential loss of Navy PAs and recommended that they be retained until a full complement of physicians were reached. Based on these recommendations the Secretary of the Navy ordered the program reinstated and also directed that new guidance be developed expanding the role of PAs with the objective to: “remove limitations on primary care, emphasize operational and combat medical support, and minimize the need for expensive physicians.”

The program was further buoyed by the appointment of Vice Adm. James Zimble as Navy Surgeon General in 1987. Zimble was a former Medical Officer of the Marine Corps (TNO) who had earned a reputation for his vision and focus on operational readiness. Recognizing the value of PAs in the future of Navy Medicine, he sought to revitalize the program by ensuring career progression, new opportunities and even new corps affiliation. Although PAs were rooted in the Hospital Corps, they were still a specialty without their own corps or specialty leader.

Through Zimble’s advocacy, the Navy once again began an in-service PA training program. In 1989, 95 warrant officers transferred to the Medical Service Corps; 88 of whom became commissioned officers. The remaining PAs on duty were permitted to serve out their careers as warrant officers. The last PA warrant officer retired from the Navy in 1998.

The Cornerstone of Operational Medicine and New Specialization, 2000-Present

By the turn of the 21st century, Navy PAs had transitioned from clinical support staff to combat force multipliers. Embedded with Marine Corps units, SEAL teams, fleet surgical teams, and surface platforms, PAs proved their worth under fire during the Global War on Terror, becoming the most highly decorated specialty within the MSC. The heroic actions of Lt. Mark Donald exemplified this new era. On Oct. 25, 2003, while attached to a Joint Afghan-U.S. Operational Unit in Afghanistan, Domald’s unit was ambushed by Al Qaeda forces. As the casualties in his unit quickly mounted, Donald tried to fight off the attack while tending to the casualties. He came to the aide of the wounded Afghan unit commander, pulling him to safety before rushing to retrieve a soldier trapped behind the steering wheel of his vehicle.

Again and again, Donald attended to casualties, carrying them to safety, treating their wounds and overseeing their medical evacuation. He then took charge of the remaining Afghan squad and led them into breaking the ambush. Later, while taking part in a sweep of the area, Donald’s unit came under fire again. Disregarding his own safety, he

ran 200 meters to render medical assistance to wounded personnel suffering shrapnel wounds in the process. He treated the wounded and coordinated their medical evacuation before attending to his own wounds. For his actions Donald was awarded the Navy Cross and Silver Star.

This increased operational exposure also brought sacrifice. On Oct. 17, 2002, Ensign Jerry “Buck” Pope, a former SEAL turned PA, was killed in a vehicle accident while serving with a Joint Operations Task Force in Yemen, becoming the community’s first wartime fatality. His memory endures today through the Ensign Jerry "Buck" Pope Research Award.

Over the past quarter-century, Navy PA opportunities have expanded across post-graduate and specialized pipelines. Beginning with access to the Air Force Orthopedic Fellowship in 2000, the Navy established its own Orthopedic PA Fellowship at Naval Medical Center Portsmouth (NMCP) in 2001. Over the next 25 years, this pipeline matured into a joint-service enterprise that has trained 73 Orthopedic PAs (68 at NMCP), leveraging Level II Trauma designations, civilian Level I rotations, and Joint Expeditionary Trauma Training (JETT). Today, post-graduate pipelines extend into general surgery, emergency medicine, and doctoral studies through the Army-Baylor Doctor of Science program.

Simultaneously, PAs expanded into specialized flight and expeditionary arenas. In 2016, Lt. William Grisham became the first PA to earn flight wings through the Aeromedical PA (APA) program at Naval Aerospace Medical Institute (NAMI) in Pensacola, Florida. By 2024, Emergency Medicine-trained PAs began staffing Expeditionary Resuscitative Surgical System (ERSS) teams at the University of Pennsylvania, while others stepped into high-profile executive leadership assignments.

In 2023, emergency medicine PA and researcher Cmdr. Rachel Robeck was honored as a Henry Jackson Foundation Hero of Military Medicine. The community’s performance was further highlighted from 2024 through 2026, when Cmdr. Rebeca Rausa, Lt. Cmdr. Carolyn Whitney, Lt. Joseph De La Cruz, won three consecutive American Academy of Physician Associates (AAPA) Uniformed Physician Assistant of the Year awards. Historic milestones culminated in 2025 with Rear Adm. Anthony LaCourse becoming the first Navy PA promoted to flag officer rank (O-7), and Capt. Kimberly Oelschlager becoming the first female PA promoted to the rank of captain (O-6).

And beginning in 2024, we see the first emergency medicine-trained PAs staffed with the ERSS at the University of Pennsylvania and the first PAs to serve as aide de camps (executive assistants) to the U.S. Marine Corps Commandant.

Although for many years almost all Navy PAs were former hospital corpsmen, this is no longer the case today. As of August 2026, 58 percent are direct accessions or *Health Services Collegiate Program (*HSCP) / Armed Forces Health Professions Scholarship Program (AFHPSP) civilian trained personnel. And for those who are accepted into HSCP, there are now more than 300 accredited PAs programs to choose from.

From fragile beginnings as a post-Vietnam trial to an essential pillar of naval force health protection, the Navy PA community has repeatedly demonstrated its adaptability, resilience, and value. What began as an experiment in non-physician clinical support has evolved into a fully integrated force of clinician-leaders, researchers, operators, and command officers trusted at every level of warfighting and operational medicine.

As the Navy faces an evolving global landscape defined by distributed maritime operations, austere environments, and rapid technological change, the PA community stands on its firmest footing to date. Backed by robust academic partnerships, expanding doctoral and specialty pipelines, and institutional representation up to the flag officer level, Navy PAs are built for the future. Whether managing primary care on home station, delivering trauma care on an expeditionary deckplate, or executing executive strategy in command halls, Navy PAs remain ready to lead Navy Medicine over the next century of service to the fleet and the nation.

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